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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	RDP:101 US
		First Named Inventor	Michael P. Dunn
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

Express Mail Mailing Label No. EF155674305US

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR MAKING A SILICON CARBIDE RESISTOR WITH
SILICON/SILICON CARBIDE CONTACTS BY INDUCTION HEATING**

the specification of which:

 is attached hereto

OR

 was filed on (MM/DD/YYYY)
International Application Numberas United States Application Number or PCT
and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below
or Bar Code Label _____

Name **Michael L. Dunn**
Dunn & Associates

Address **P.O. Box 10**

City Newfane	State New York	ZIP 14108
Country U.S.A.	Telephone 716-433-1661	Fax 716-433-1665

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any]) Michael P.	Family Name or Surname Dunn
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Inventor's Signature 	Date 1/17/02
--	---------------------

Residence: City Clarence Center	State NY	Country US	Citizenship US
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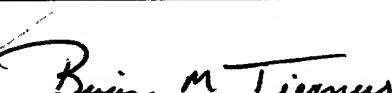
Mailing Address **9306 Pine Breeze Lane**

City Clarence Center	State NY	ZIP 14032	Country US
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A petition has been filed for this unsigned inventor

NAME OF SECOND INVENTOR:

Given Name (first and middle [if any]) Brian M.	Family Name or Surname Tierney
---	--

Inventor's Signature 	Date 1/17/02
--	---------------------

Residence: City Newfane	State NY	Country US	Citizenship US
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Mailing Address **4851 Shadigee Road**

City Newfane	State NY	ZIP 14108	Country US
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Michael P. Dunn
Title	Method for Making a Silicon Carbide Resistor with Silicon/Silicon Carbide ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	RDP:101 US

I hereby appoint:

- Practitioners at Customer Number →
- Practitioner(s) named below:

*Place Customer
Number Bar Code
Label here*

Name	Registration Number
Michael L. Dunn	25,330
Howard M. Ellis	25,856
Robert P. Simpson	33,034

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

- Practitioners at Customer Number →

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Dunn Dunn & Associates
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Address	P.O. Box 10
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Address	
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City	Newfane	State	New York	Zip	14108
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Country	US
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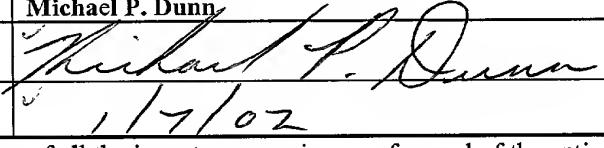
Telephone	716-433-1661	Fax	716-433-1665
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I am the:

- Applicant/Inventor.

- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael P. Dunn
Signature	
Date	1/7/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

- *Total of _____ forms are submitted.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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- Practitioner(s) named below:

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Name	Registration Number
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Howard M. Ellis	25,656
Robert P. Simpson	33,034

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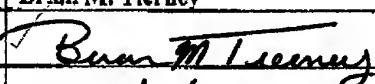
<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Dunn Dunn & Associates										
Address	P.O. Box 10										
Address											
City	Newfane	Country	US	State	New York	Zip	14108	Telephone	716-433-1661	Fax	716-433-1665
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SIGNATURE of Applicant or Assignee of Record

Name	Brian M. Tierney
Signature	
Date	1/7/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- *Total of forms are submitted.

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